

Claim Form

Please send back to:

C.Ed. Schulte GmbH
 Zylinderschlossfabrik
 Attn.: Ms. Martina Köster
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 Germany

Contact Details:

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Customer Number (Mandatory Field)	
Company Name	
Contact Person	
Street Address	
Postcode	
City	

Information on the System

System Number (Mandatory Field)	
Order Number (Initial Delivery)	

Item

Pos.	Quantity	Item	Defect

Defect Location

- Clutch Electronic Component Antenna Housing Lever Handle Conductor Path
 Voltage Supply Network Connection Functionality

Description of the Defect

Place, Date

Signature